

# Non-Conformance Report

Report No.

Date

Department

Reported By

Description of Non-Conformance

Date Detected

Reference Document

Location

Details of Non-Conformance (with evidence)

Immediate Action Taken

Root Cause Analysis

Corrective & Preventive Action(s) Proposed

Action	Person Responsible	Date Due	Status

Reviewed By

**Date**

**Approved By**

**Date**